



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF LABOR
DIVISION OF OCCUPATIONAL SAFETY
www.mass.gov/dos

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**Application for Waiver of Minimum Wage for
Student Employees Enrolled In and Employed by a School,
College, University, or Bona Fide Educational Institution
455 C.M.R. 2.03(6)(a)**

Pursuant to 455 C.M.R. 2.03(6)(a), the Division of Occupational Safety may issue to any school, college, university, hospital, laboratory, or bona fide educational institution a license permitting payment of not less than 80% of the basic minimum wage rate (\$6.75 per hour¹ x 80% = \$5.40 per hour) to students enrolled in and employed by the institution.

To apply for this annual waiver, the employer must submit this completed application form, along with a fee of one hundred dollars (\$100). The fee must be submitted in the form of a money order or check, payable to the Commonwealth of Massachusetts, in the amount of the entire annual fee. This fee is not refundable in the event that this application is denied.

Please submit the completed application form and application fee to:

**Division of Occupational Safety
Minimum Wage Program
399 Washington Street, 5th floor
Boston, MA 02108**

Your application form and fee should be submitted at least 30 days prior to the requested date of applicability.

**If you have any questions regarding this application, please contact
Lisa Price at (617) 727-3452, ext. 135 or send email to Lisa.Price@state.ma.us**

¹Effective January 1, 2001.



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Department of Labor
Division of Occupational Safety
399 Washington Street, 5th Floor
Boston, MA 02108
(617)727-3452
Fax: 617-727-0726
DOS Homepage: www.mass.gov/dos

Application for Waiver of
**Minimum Wage for Student
Employees Enrolled and Employed
by a School, College, University, or
Bona Fide Educational Institution**
455 C.M.R. 2.03(6)(a)

Please provide the following information:

1. **Name of school, college, university, hospital, laboratory, or bona fide educational institution:** _____
2. **Nature of business:** _____
3. **Telephone number:** _____
4. **Business address:** _____
5. **Name of contact person and title:** _____
6. **Provide the number of students to be employed at sub-minimum wage:** _____
7. **Are all students to be employed at sub-minimum wage enrolled in the institution? Yes / No**
8. **List the duties to be performed by the student employees:** _____

9. **Provide the proposed hourly wage to be paid to student employees:** _____
10. **List all deductions from wages (items and amounts), other than those required by law:** _____

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College, University, or Bona Fide Educational Institution -Page 2 of 2***

11. a. Is this the institution's first application? Yes / No
- b. If this is not the first application, when was the last application made? _____
- c. If a previous application was approved, when was the waiver in effect? _____

**Please note: If the waiver application is approved, the Division of Occupational Safety
may attach conditions to the granting of the waiver if deemed necessary.**

Signature of Applicant: _____

Name of Applicant: _____

Title: _____

Date: _____

Office Use Only

CMS # _____

Check # _____

Date Received _____

New Application / Renewal
Expiration Date _____

Granted / Denied Date _____